

Montana WIC Program Nutrition Risk Codes

Nutrition risk codes requiring a diagnosis by a qualified healthcare provider (HCP).

134 Failure to Thrive	347 Cancer
151 Small for Gestational Age	348 Central Nervous System Disorders
153 Large for Gestational Age	349 Genetic and Congenital Disorders
301 Hyperemesis Gravidarum	351 Inborn Errors of Metabolism
302 Gestational Diabetes	352 Infectious Diseases
303 History of Gestational Diabetes	353 Food Allergies
304 History of Preeclampsia	354 Celiac Disease
337 History of Birth of a LGA infant	355 Lactose Intolerance
339 History of Birth with Nutrition Related Congenital or Birth Defect	357 Drug Nutrient Interaction
341 Nutrient Deficiency Diseases	358 Eating Disorders
342 Gastrointestinal Disorders	360 Other Medical Conditions
343 Diabetes Mellitus	361 Depression
344 Thyroid Disorders	362 Developmental, Sensory/Motor Disabilities Interfering with the Ability to Eat
345 Hypertension and Pre-Hypertension	363 Pre-Diabetes
346 Renal Disease	382 Fetal Alcohol Syndrome

Assignment of these risk codes will have a formal diagnosis from a physician, or alternatively, a person working under a physician's orders, such as a physician's assistant, nurse practitioner or State identified medical authority.

The participant may state the diagnosis.

Non-traditional health care providers are not considered to be physicians or a diagnosing authority in Montana whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			101*	<u>UNDERWEIGHT WOMEN</u> Pregnant Women: Pre-pregnancy BMI < 18.5. Non-Breastfeeding Women: Pre-pregnancy <u>or</u> Current BMI < 18.5. Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy <u>or</u> Current BMI < 18.5. Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI < 18.5.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<u>103*</u>	<p><u>UNDERWEIGHT OR AT RISK OF UNDERWEIGHT –INFANTS AND CHILDREN</u></p> <p>Underweight $\leq 2.3^{\text{rd}}$ percentile weight-for-length for infants or children birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts.</p> <p>$\leq 5^{\text{th}}$ percentile BMI for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.</p> <p>Risk of Underweight $> 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight for length birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts.</p> <p>$> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile Body Mass Index (BMI) for age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.</p>
1	1	6			<u>111*</u>	<p><u>OVERWEIGHT WOMEN</u></p> <p>Pregnant Women: Pre-pregnancy BMI ≥ 25.0.</p> <p>Non-Breastfeeding Women: Pre-pregnancy BMI ≥ 25.0.</p> <p>Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy BMI ≥ 25.0.</p> <p>Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI ≥ 25.0.</p>
				3	<u>113*</u>	<p><u>OBESE (CHILDREN 2 – 5 YEARS)</u></p> <p>A child age 2-5 years whose BMI is $\geq 95^{\text{th}}$ percentile as plotted on the 2000 CDC age/gender specific growth charts.</p>
			1	3	<u>114°</u>	<p><u>OVERWEIGHT OR AT RISK OF OVERWEIGHT – INFANTS AND CHILDREN</u></p> <p>Overweight $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile for Body Mass Index (BMI) for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
						<p>Risk of Overweight</p> <p>Biological mother with a BMI of ≥ 30 at time of conception or any point in the first trimester for an infant less <12 months*.</p> <p>Biological mother with a BMI of ≥ 30 at the time of certification for a child age 1 year and older. (If the mother is pregnant or ≤ 6 months post-partum use her pre-pregnancy weight to assess.)*</p> <p>Biological father with a BMI ≥ 30 at the time of certification for birth to 5 years.*</p> <p>* BMI must be based on self-reported weight and height by the parent in attendance. One parent may not “self-report” for the other parent. Weight and height measurements may also be taken by staff at the time of the visit.</p>
			1	3	115*	<p><u>HIGH WEIGHT FOR LENGTH – INFANTS AND CHILDREN < 24 MONTHS OF AGE</u></p> <p>≥ 97.7 percentile weight-for-length for gender for children < 24 months of age as plotted on the CDC birth to 24 months gender specific growth charts.</p>
			1	3	<u>121*</u>	<p><u>SHORT STATURE OR AT RISK OF SHORT STATURE</u></p> <p>Short Stature:</p> <p>$\leq 2.3^{\text{rd}}$ percentile length-for-age for birth to 24 months as plotted on the CDC birth to 24 months gender specific growth charts.</p> <p>$\leq 5^{\text{th}}$ percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.</p> <p>At Risk of Short Stature:</p> <p>$> 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile length-for-age for birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts.</p> <p>$> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.</p> <p>For infants and children birth to 24 months of, assignment of this risk criterion will be based on adjusted gestational age once the infant has reached the equivalent age of 40 weeks gestation.</p>

Category/ Priority					Code	Description															
P	B	N	I	C																	
1					<u>131*</u>	<u>LOW MATERNAL WEIGHT GAIN</u> Low maternal weight gain is defined as: 1. A low rate of weight gain, such that in the 2 nd and 3 rd trimesters, for singleton pregnancies: <ul style="list-style-type: none">• Underweight women gain <1 pound per week• Normal weight women gain <0.8 pound per week• Overweight women gain <0.5 pounds per week• Obese women gain <0.4 pounds per week <p style="text-align: center;">OR</p> 2. Low weight gain at any point in pregnancy, such that a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range, according to the Institute of Medicine (IOM)-based weight gain grid, for her respective pre-pregnancy weight category as follows: <u>Pre-pregnancy</u> <table><tr><th><u>Weight Groups</u></th><th><u>BMI Definition</u></th><th><u>Total Weight Gain Range (lbs)</u></th></tr><tr><td>Underweight</td><td><18.5</td><td>28 – 40</td></tr><tr><td>Normal Weight</td><td>18.5 to 24.9</td><td>25 – 35</td></tr><tr><td>Overweight</td><td>25.0 to 29.9</td><td>15 – 25</td></tr><tr><td>Obese</td><td>>30.0</td><td>11 – 20</td></tr></table> This risk code may not be assigned for multi-fetal pregnancies (twin, triplets, etc.). For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.	<u>Weight Groups</u>	<u>BMI Definition</u>	<u>Total Weight Gain Range (lbs)</u>	Underweight	<18.5	28 – 40	Normal Weight	18.5 to 24.9	25 – 35	Overweight	25.0 to 29.9	15 – 25	Obese	>30.0	11 – 20
<u>Weight Groups</u>	<u>BMI Definition</u>	<u>Total Weight Gain Range (lbs)</u>																			
Underweight	<18.5	28 – 40																			
Normal Weight	18.5 to 24.9	25 – 35																			
Overweight	25.0 to 29.9	15 – 25																			
Obese	>30.0	11 – 20																			
1					<u>132*</u>	<u>MATERNAL WEIGHT LOSS DURING PREGNANCY</u> Any weight loss below pre-pregnancy weight during the 1 st trimester or weight loss of 2 or more pounds in the 2 nd and 3 rd trimesters.															

Category/ Priority					Code	Description															
P	B	N	I	C																	
1	1	6			<u>133*</u>	<p><u>HIGH MATERNAL WEIGHT GAIN</u></p> <p>Pregnant Women:</p> <p>1. A high rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies:</p> <ul style="list-style-type: none">• Underweight women gain >1.3 pounds per week• Normal weight women gain >1 pound per week• Overweight women gain > .7 pounds per week• Obese women gain >.6 pounds per week <p style="text-align: center;">OR</p> <p>2. High weight gain at any point in the pregnancy, such that a pregnant woman's weight plots above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category.</p> <p>Breastfeeding/Non-Breastfeeding Women (most recent pregnancy):</p> <p>Total gestational weight gain exceeding the upper limit of the recommended range based on Pre-pregnancy BMI as follows:</p> <table><tr><th><u>Pre-pregnancy Weight Groups</u></th><th><u>BMI Definition</u></th><th><u>Cut-off Value</u></th></tr><tr><td>Underweight</td><td>< 18.5 BMI</td><td>> 40 lbs</td></tr><tr><td>Normal Weight</td><td>18.5 to 24.9 BMI</td><td>> 35 lbs</td></tr><tr><td>Overweight</td><td>25.0 to 29.9 BMI</td><td>> 25 lbs</td></tr><tr><td>Obese</td><td>≥ 30.0</td><td>> 20 lbs</td></tr></table> <p>This risk code may not be assigned for multi-fetal pregnancies (twin, triplets, etc.) For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.</p>	<u>Pre-pregnancy Weight Groups</u>	<u>BMI Definition</u>	<u>Cut-off Value</u>	Underweight	< 18.5 BMI	> 40 lbs	Normal Weight	18.5 to 24.9 BMI	> 35 lbs	Overweight	25.0 to 29.9 BMI	> 25 lbs	Obese	≥ 30.0	> 20 lbs
<u>Pre-pregnancy Weight Groups</u>	<u>BMI Definition</u>	<u>Cut-off Value</u>																			
Underweight	< 18.5 BMI	> 40 lbs																			
Normal Weight	18.5 to 24.9 BMI	> 35 lbs																			
Overweight	25.0 to 29.9 BMI	> 25 lbs																			
Obese	≥ 30.0	> 20 lbs																			
			1	3	<u>134</u>	<p><u>FAILURE-TO-THRIVE</u></p> <p>Presence of failure to thrive.</p>															

Category/ Priority					Code	Description																																																		
P	B	N	I	C																																																				
			1	3	<u>135°</u>	<u>INADEQUATE GROWTH</u> An inadequate rate of weight gain is defined below: For infants from birth to 1 month of age: <ul style="list-style-type: none">Excessive weight loss after birthNot back to birth weight by 2 weeks of age. For infants from birth to 6 months: <ul style="list-style-type: none">Based on 2 weights taken at least 1 month apart, weight gain less than calculated weight gain based on the following table: <table><tr><th><u>Age</u></th><th colspan="4"><u>Average Weight Gain</u></th></tr><tr><td>Birth – 1 mo.</td><td>18g/day</td><td>4½ oz/wk</td><td>19 oz./mo.</td><td>1 lb 3 oz/mo</td></tr><tr><td>1 – 2 mo.</td><td>25g/day</td><td>6¼ oz/wk</td><td>27 oz./mo.</td><td>1 lb 11oz/mo</td></tr><tr><td>2 – 3 mo.</td><td>18g/day</td><td>4½ oz/wk</td><td>19 oz/mo.</td><td>1 lb 3 oz/mo</td></tr><tr><td>3 – 4 mo.</td><td>16g/day</td><td>4 oz/wk</td><td>17 oz./mo.</td><td>1 lb 1 oz/mo</td></tr><tr><td>4 – 5 mo .</td><td>14g/day</td><td>3½ oz/wk</td><td>15 oz./mo.</td><td>15 oz/mo</td></tr><tr><td>5 – 6 mo .</td><td>12g/day</td><td>3 oz/wk</td><td>13 oz./mo.</td><td>13 oz/mo</td></tr></table> For infants from 6 months to 59 months of age: <ul style="list-style-type: none">Based on 2 weights taken at least 3 months, weight gain less than expected weight gain from the following table: <table><tr><th><u>Age</u></th><th colspan="4"><u>Average Weight Gain</u></th></tr><tr><td>6 – 12 mo</td><td>9g/day</td><td>2¼ oz/wk</td><td>9½ oz/mo</td><td>3 lbs 10 oz/6 mo</td></tr><tr><td>12 – 59 mo</td><td>2½g/day</td><td>0.6 oz/wk</td><td>2.7 oz/mo</td><td>1 lb/6 mo</td></tr></table>	<u>Age</u>	<u>Average Weight Gain</u>				Birth – 1 mo.	18g/day	4½ oz/wk	19 oz./mo.	1 lb 3 oz/mo	1 – 2 mo.	25g/day	6¼ oz/wk	27 oz./mo.	1 lb 11oz/mo	2 – 3 mo.	18g/day	4½ oz/wk	19 oz/mo.	1 lb 3 oz/mo	3 – 4 mo.	16g/day	4 oz/wk	17 oz./mo.	1 lb 1 oz/mo	4 – 5 mo .	14g/day	3½ oz/wk	15 oz./mo.	15 oz/mo	5 – 6 mo .	12g/day	3 oz/wk	13 oz./mo.	13 oz/mo	<u>Age</u>	<u>Average Weight Gain</u>				6 – 12 mo	9g/day	2¼ oz/wk	9½ oz/mo	3 lbs 10 oz/6 mo	12 – 59 mo	2½g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo
<u>Age</u>	<u>Average Weight Gain</u>																																																							
Birth – 1 mo.	18g/day	4½ oz/wk	19 oz./mo.	1 lb 3 oz/mo																																																				
1 – 2 mo.	25g/day	6¼ oz/wk	27 oz./mo.	1 lb 11oz/mo																																																				
2 – 3 mo.	18g/day	4½ oz/wk	19 oz/mo.	1 lb 3 oz/mo																																																				
3 – 4 mo.	16g/day	4 oz/wk	17 oz./mo.	1 lb 1 oz/mo																																																				
4 – 5 mo .	14g/day	3½ oz/wk	15 oz./mo.	15 oz/mo																																																				
5 – 6 mo .	12g/day	3 oz/wk	13 oz./mo.	13 oz/mo																																																				
<u>Age</u>	<u>Average Weight Gain</u>																																																							
6 – 12 mo	9g/day	2¼ oz/wk	9½ oz/mo	3 lbs 10 oz/6 mo																																																				
12 – 59 mo	2½g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo																																																				
			1	3	<u>141*</u>	<u>LOW BIRTH WEIGHT AND VERY LOW BIRTH WEIGHT < 24 MONTHS OF AGE</u> Low Birth Weight: Birth weight ≤ 5 pounds 8 oz. at birth. (≤ 2500 g) Very Low Birth Weight: Birth weight ≤ 3 pounds 5 ounces (≤ 1500 g) Growth of VLBW infants may be monitored using Infant Health and Development Program (IHDP) charts in addition to the 2000 CDC Growth Charts.																																																		

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<u>142*</u>	<u>PREMATURITY <24 MONTHS OF AGE</u> Born at ≤ 37 weeks gestation.
			1	3	151	<u>SMALL FOR GESTATIONAL AGE <24 MONTHS OF AGE</u>
			1		153	<u>LARGE FOR GESTATIONAL AGE</u> Birth weight ≥ 9 pounds (≥ 4000g); or presence of large for gestational age (diagnosed).
1	1	6	1	3	<u>201*</u>	<u>LOW HEMATOCRIT/HEMOGLOBIN</u> Hemoglobin or hematocrit concentration below the established cut-off value for healthy, well-nourished individuals of the same age, sex and stage of pregnancy. Adjustments for participant smoking and clinic altitude are considered in cut-off value determination. These cut-off values are provided. See Attachment <u>Anemia Cut-Off Values</u> .
1					<u>301</u>	<u>HYPEREMESIS GRAVIDARUM</u> Severe nausea and vomiting to the extent the pregnant woman becomes dehydrated and acidotic.
1					<u>302°</u>	<u>GESTATIONAL DIABETES</u> Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.
1	1	6			<u>303°</u>	<u>HISTORY OF GESTATIONAL DIABETES</u> History of diagnosed gestational diabetes mellitus (GDM).
1	1	6			<u>304°</u>	<u>HISTORY OF PREECLAMPSIA</u> History of diagnosed preeclampsia.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			<u>311*</u>	<u>HISTORY OF PRETERM DELIVERY</u> Birth of an infant born at ≤ 37 weeks of gestation. Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<u>312*</u>	<u>HISTORY OF LOW BIRTH WEIGHT</u> Birth of an infant born weighing ≤ 5 lbs 8 oz (≤ 2500 gm). Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy
1	1	6			<u>321*</u>	<u>HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS</u> Two or More Spontaneous Abortions: Two or more spontaneous terminations of gestation at < 20 weeks gestation or a fetus weighing < 500 g. Fetal Death: Spontaneous termination of a gestation at ≥ 20 weeks. Neonatal Death: Death within 28 days of birth. Pregnant Women: Any Pregnancy. Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. Non-Breastfeeding Women: Most recent pregnancy.
1	1	3			<u>331*</u>	<u>PREGNANT AT A YOUNG AGE</u> Conception ≤ 17 years of age. Pregnant Women: Current pregnancy. Breastfeeding/ Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<u>332*</u>	<u>CLOSELY SPACED PREGNANCIES</u> Conception < 16 months postpartum. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			333*	<p><u>HIGH PARITY AND YOUNG AGE</u></p> <p>Under age 20 at date of conception with 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome.</p> <p>Pregnant Women: Current pregnancy.</p> <p>Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.</p>
1	1	6			335°	<p><u>MULTIFETAL GESTATION</u></p> <p>More than one (> 1) fetus.</p> <p>Pregnant Women: Current pregnancy.</p> <p>Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.</p>
1	1	6			337°	<p><u>HISTORY OF A BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT</u></p> <p>Any History of giving birth to an infant weighing ≥ 9 lbs. (≥4000 g).</p>
1					338	<p><u>PREGNANT WOMAN CURRENTLY BREASTFEEDING</u></p> <p>Pregnant woman currently breastfeeding.</p>
1	1	6			339	<p><u>HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT</u></p> <p>A woman who has given birth to an infant with a congenital or birth defect which current research links to inappropriate nutritional intake, (i.e., inadequate folic acid – neuron tube defect, cleft lip and palate; excess vitamin A – cleft lip and palate).</p> <p>Pregnant Women: Any pregnancy.</p> <p>Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.</p>
1	1	6	1	3	341	<p><u>NUTRIENT DEFICIENCY DISEASES</u></p> <p>Diagnosis of nutritional deficiency or a disease caused by insufficient dietary intake of macro or micro nutrients, i.e., protein energy malnutrition, scurvy, rickets, osteomalacia, vitamin K deficiency, pellagra, cheilosis, menkes disease, and xerophthalmia.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<u>342</u>	<u>GASTROINTESTINAL DISORDERS</u> Disease and/or condition that interferes with the intake-or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract diseases
1	1	6	1	3	<u>343°</u>	<u>DIABETES MELLITUS</u> Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Does not include Gestational Diabetes.
1	1	6	1	3	<u>344</u>	<u>THYROID DISORDERS</u> Thyroid dysfunctions that occur in pregnant or postpartum women, during fetal development, and in childhood that are caused by the abnormal secretion of thyroid hormone. Medical conditions include, but are not limited to: <ul style="list-style-type: none"> • Hyperthyroidism (excess thyroid hormone production, includes congenital hyperthyroidism) • Hypothyroidism (low secretion of thyroid hormone, includes congenital hypothyroidism) • Postpartum thyroiditis
1	1	6	1	3	<u>345</u>	<u>HYPERTENSION AND PRE-HYPERTENSION</u> Presence of hypertension or pre-hypertension. This condition must be current, i.e. not gestational hypertension which has resolved by the postpartum appointment.
1	1	6	1	3	<u>346</u>	<u>RENAL DISEASE</u> Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<u>347</u>	<u>CANCER</u> A chronic disease whereby populations of cells have acquired the ability to multiply and spread without usual biological restraints. The current condition must be severe enough to affect nutrition status.
1	1	6	1	3	<u>348</u>	<u>CENTRAL NERVOUS SYSTEM DISORDERS</u> Condition which affects energy requirements, ability to feed self, or alters nutritional status metabolically, mechanically, or both. Includes, but is not limited to: <ul style="list-style-type: none"> • Epilepsy • Cerebral palsy • Neural tube defects • Parkinson's disease, and • Multiple sclerosis (MS)
1	1	6	1	3	<u>349</u>	<u>GENETIC AND CONGENITAL DISORDERS</u> Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: <ul style="list-style-type: none"> • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia, and • Muscular dystrophy
1	1	6	1	3	<u>351</u>	<u>INBORN ERRORS OF METABOLISM</u> Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate or fat. Generally refers to gene mutations or gene deletions that alter metabolism in the body, includes, but not limited to: <ul style="list-style-type: none"> • Galactosemia, • Tyrosinemia, • Homeocystinuria, • Phenylketonuria (PKU) • Maple syrup urine disease, and • Glycogen storage disease Call the WIC State Nutritionist to discuss other possible disorders.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<u>352</u>	<u>INFECTIOUS DISEASES</u> A disease caused by growth of pathogenic microorganisms in the body, within the past six months, severe enough to affect nutritional status. Includes, but is not limited to: <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis, <u>not</u> bronchitis, (3 episodes in last 6 months) • HIV (human immunodeficiency virus infection), and • AIDS (acquired immunodeficiency syndrome)
1	1	6	1	3	<u>353</u>	<u>FOOD ALLERGIES</u> An adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food. Common food allergens include: cow's milk, peanuts, wheat, eggs, fish, tree nuts, shellfish and soy. This code may not be used for food intolerances or sensitivity.
1	1	6	1	3	<u>354</u>	<u>CELIAC DISEASE</u> An autoimmune disease precipitated by the ingestion of gluten (a protein found in wheat, rye, barley, and other food products) that results in damage to the small intestine and malabsorption of the nutrients from food. Celiac disease is also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical sprue.
1	1	6	1	3	<u>355</u>	<u>LACTOSE INTOLERANCE</u> Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Characteristics symptoms include: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after ingestion of lactose containing products.
1	1	6	1	3	<u>357</u>	<u>DRUG NUTRIENT INTERACTION</u> Use of prescription or over-the-counter drugs or medications that have been shown to interact with nutrient intake or utilization to an extent that nutritional status is compromised.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			<u>358</u>	<u>EATING DISORDERS</u> Eating disorders (anorexia nervosa or bulimia nervosa) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including: self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs such as appetite suppressants, thyroid preparations, or diuretics for weight reduction, and self-induced marked weight loss.
1	1	6	1	3	359	<u>RECENT MAJOR SURGERY, TRAUMA, BURNS</u> Major surgery (including c-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past two (≤ 2) months may be self-reported. More than two (≥ 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.
1	1	6	1	3	<u>360</u>	<u>OTHER MEDICAL CONDITIONS</u> Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Includes, but is not limited to: <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis (JRA), • Lupus erythematosus • Cardiorespiratory disease • Heart disease • Cystic fibrosis, and • Persistent asthma (moderate or severe) requiring daily medication This criterion will usually not be applicable for infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under criterion #352. Current condition(s), or treatment for the condition(s), must be severe enough to affect nutritional status. Documentation in the participant record must include the condition(s) and the clearly defined effect on nutritional status.
1	1	6	1	3	361	<u>DEPRESSION</u> Clinical depression.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<u>362</u>	<u>DEVELOPMENTAL, SENSORY OR MOTOR DISABILITIES INTERFERING WITH THE ABILITY TO EAT</u> Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. These may include birth injury, head trauma, brain damage, minimal brain function, pervasive developmental disability (which may include autism) and feeding delays due to extreme prematurity.
	1	6			363	<u>PRE-DIABETES</u> Presence of impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.
1	1	6			371*	<u>MATERNAL SMOKING</u> Any smoking of tobacco in cigarettes, pipes and cigars.
1	1	6			372°	<u>ALCOHOL AND ILLEGAL DRUG USE</u> Pregnant Women: Any alcohol or illegal drug use. Breastfeeding/Non-Breastfeeding Women: <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day. Routine is considered 2 or more (≥ 2) days per week. A standard sized drink is: 1 can of beer (12 fluid oz.), 5 oz. wine, or 1 ½ fluid oz. liquor (1 jigger); or • Binge drinking of ≥ 5 drinks on the same occasion on at least one day in the last 30 days; or • Heavy drinking, i.e., drinks ≥ 5 drinks on the same occasion on ≥ 5 days in the last 30 days; or • Any illegal drug use
1	1	6	1	3	<u>381</u>	<u>ORAL HEALTH CONDITIONS</u> Oral health conditions includes, but is not limited to: <ul style="list-style-type: none"> • Dental caries ("cavities", "tooth decay") • Periodontal disease ("gingivitis", "periodontitis") • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<u>382</u>	<u>FETAL ALCOHOL SYNDROME</u> Fetal alcohol syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.
4	4	6		5	401	<u>FAILURE TO MEET USDA/US DEPARTMENT OF HEALTH AND HUMAN SERVICES DIETARY GUIDELINES FOR AMERICANS</u> Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for <i>failure to meet Dietary Guidelines for Americans [Dietary Guidelines]</i> (1). Based on an individual's estimated energy needs, the <i>failure to meet Dietary Guidelines</i> risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).
			4			<u>INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS</u> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. For an infant, routine use of any of the following: <ul style="list-style-type: none"> Using a substitute(s) for breast milk or for FDA fortified formula as the primary nutrient source during the first year of life. Examples include: Feeding goat's milk, sheep's milk, cow's milk, evaporated milk, sweetened condensed milk, imitation milk, substitute milks or low iron formula Using nursing bottles or cups improperly. Examples include: using a bottle to feed fruit juice; feeding any sugar-containing fluids; allowing the infant to fall asleep or be put to bed with a bottle; allowing use of bottle without restriction; propping the bottle when feeding; allowing an infant to carry around and drink throughout the day with a covered training cup; adding any food to the infant's bottle. Offering complimentary foods or other substances that are inappropriate in type or timing. Examples include: adding any sweet agents (sugar, honey, or syrups) to any beverage or prepared food, or used on pacifier.

Category/ Priority					Code	Description
P	B	N	I	C		
						<ul style="list-style-type: none"> Using feeding practices that disregard the developmental needs or stage of the infant. Examples: inability to recognize or insensitivity to infant's feeding cues (hunger or satiety); feeding foods of inappropriate consistency, texture, size or shape that may put them at risk of choking; not supporting the infant's need for growing independence with self-feeding. Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples: unpasteurized fruit or vegetable juice, dairy products; honey; raw or undercooked meat, fish, poultry, or eggs; raw vegetable sprouts, undercooked or raw tofu; and deli meats, hot dogs, and processed meats (unless heated until steaming hot) Feeding inappropriately diluted formula. Examples: failure to follow manufacturer's instructions for mixing formula or failure to mix according to accompanying prescription. Limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients. Examples: scheduled feedings instead of demand feedings; less than 8 feedings per 24 hours if less than 2 months of age; and, less than 6 feedings per 24 hours if between 2 and 6 months of age. Feeding a diet very low in calories and/or essential nutrients, such as vegan or macrobiotic diet. Using inappropriate sanitation in preparation, handling, and storage of breastmilk or formula. Examples: limited or no access to fresh water supply, heat source, refrigerator or freezer for storage; failure to properly prepare handle, and store breastmilk or formula. Feeding dietary supplements with potentially harmful consequences (i.e. in excess). Examples: Single or multi-vitamins, minerals, and herbal or botanical supplements/remedies/teas. Not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. Examples: Infants who are 6 months of age and older who are ingesting less than 0.25 mg of fluoride daily when the water supply

Category/ Priority					Code	Description
P	B	N	I	C		
						<p>contains less than 0.3ppm fluoride; infants who are exclusively breastfed, or who are ingesting less than 1 liter per day of vitamin D fortified infant formula and are not taking a supplement of 400 IU of vitamin D.</p> <p>* These justifications apply only if the infant is developmentally correct for age.</p> <p>Documentation in the participant folder must include the basis for code selection.</p>
		5			<u>425</u>	<p><u>INAPPROPRIATE FEEDING PRACTICES FOR CHILDREN</u></p> <p>Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.</p> <p>For a child, routine use of any of the following:</p> <ul style="list-style-type: none"> Feeding inappropriate beverages as the primary milk source Examples: Non-fat or reduced fat milks (between 12-24 months of age only), sweetened condensed milk or inadequately fortified imitation milk (soy, rice, almond) Feeding a child any sugar-containing fluids Using nursing bottles, cups, or pacifiers improperly Examples: using a bottle to feed fruit juice, cereal or other foods; allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime; allowing the child to use a bottle without restriction; and, using a bottle for feeding or drinking beyond 14 months of age Using feeding practices that disregard the developmental needs or stages of the child Example: allowing the child to carry around and drink throughout the day from a covered or training cup. Feeding foods to a child that could be contaminated with harmful microorganisms Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; undercooked or raw tofu; and, deli meats, hot dogs and processed meats that are not heated until steaming hot

Category/ Priority					Code	Description
P	B	N	I	C		
						<ul style="list-style-type: none"> Feeding a diet very low in calories and/or essential nutrients Examples: vegan or macrobiotic diet Feeding dietary supplements with potentially harmful consequences (when fed in excess of recommended amount) Examples: single or multi-vitamin, mineral or herbal supplements/remedies or teas Not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements Examples: providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 pp, fluoride; providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; and, not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (1 quart) of vitamin D fortified milk or formula. Ingestion of non-food items (pica) <p>Documentation in the participant folder must include the basis for code selection.</p>
4	4	6			<u>427</u>	<p><u>INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN</u></p> <ul style="list-style-type: none"> Consuming dietary supplements with potentially harmful consequences (in excess of recommended amounts) Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery Compulsively ingesting non-food items (pica) Inadequate vitamin/mineral supplementation recognized as essential by national public health policy Examples: Consumption of less than 27 mg of iron as a supplement daily by pregnant woman; consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women; and, consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms

Category/ Priority					Code	Description
P	B	N	I	C		
						<p>Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; undercooked or raw tofu; and, deli meats, hot dogs and processed meats that are not heated until steaming hot</p> <p>Documentation in the participant folder must include the basis for code selection.</p>
			4	5	428	<p><u>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES</u></p> <p>For infants ≥ 4 months of age and children < 24 months of age at date of certification is at risk of inappropriate complementary feeding when he/she has begun to or is expected to begin to:</p> <ul style="list-style-type: none"> • Consume complementary foods and beverages. • Eat independently. • Be weaned from breast milk or infant formula. • Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>A complete nutrition assessment, including a for risk #411, Inappropriate Nutrition Practices for Infants, or #425 Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>
1	1	3	1	3	502*	<p><u>TRANSFER OF CERTIFICATION</u></p> <p>A participant transferring from outside of Montana with a valid WIC Verification of Certification (VOC) from another state agency.</p> <p>This code shall be assigned in cases where the VOC does not specify another nutrition risk criteria, or if the risk criteria specified is not in use in Montana.</p>
	1 2 4				601	<p><u>BREASTFEEDING MOTHER OF PRIORITY I, II OR IV INFANT</u></p> <p>A breastfeeding mother whose infant has a nutrition risk code with a higher priority than she does.</p>
	1				602	<p><u>BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (WOMEN)</u></p> <p>A breastfeeding woman with any of the following complications or potential complications:</p> <ul style="list-style-type: none"> • Severe breast engorgement

Category/ Priority					Code	Description
P	B	N	I	C		
						<ul style="list-style-type: none"> • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age \geq 40 • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) <p>A woman experiencing breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her health care provider.</p>
			1		603	<p><u>BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (INFANT)</u></p> <p>A breastfed infant with any of the following complications or potential complications:</p> <ul style="list-style-type: none"> • Weak or ineffective suck (May be due to prematurity, low birth weight, birth defects or injury, sleepiness of the baby, nipple confusion, or physical/medical problems such as heart disease, respiratory illness, or infection). • Difficulty latching onto mother's breast (may be due to flat or inverted nipples, engorgement, incorrect positioning and breastfeeding technique, birth defect or injury, or delayed initiation of breastfeeding.) • Inadequate stooling (as determined by a physician or other health care professional) and/or wet diapers (less than 6 wet diapers per day). <p>An infant with breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her/his health care provider.</p>
			2		701°	<p><u>INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY</u></p> <ul style="list-style-type: none"> • An infant < 6 months of age at date of certification whose mother was a Montana WIC participant during her pregnancy. • An infant < 6 months of age at date of certification whose mother was NOT a Montana WIC participant during pregnancy, but whose

Category/ Priority					Code	Description
P	B	N	I	C		
						medical records document she was at nutritional risk during pregnancy.
			1 4		702	<u>BREASTFEEDING INFANT OF PRIORITY I OR IV MOTHER</u> A breastfed infant whose mother has a higher priority, as determined by nutrition risk codes, than the infant does.
4	4	6	4	5	801°	<u>HOMELESSNESS</u> Categorically eligible women, infants or children who meet the definition of a homeless person. Homeless - A homeless individual is defined as a man, woman, infant or child lacking a fixed and regular nighttime residence, staying in a temporary shelter, temporarily living with others in their residence (not to exceed 365 days) or staying in a place not designated as a regular sleeping accommodation.
4	4	6	4	5	802°	<u>MIGRANCY</u> Categorically eligible women, infants or children who meet the definition of migrant farm worker. Migrant – An individual or member of a family whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary residence.
4	4	6	4	5	901	<u>RECIPIENT OF ABUSE</u> Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has been the recipient of battering or child abuse/neglect within the past 6 months. Abuse may be self-reported or as reported through consultation with or documented by a social worker, health care provider, or other appropriate personnel. Abuse must be well documented in the participant record and WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect.

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	<u>902</u>	<u>WOMAN OR PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</u> Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Individuals with one or more of the following criteria may be considered: <ul style="list-style-type: none"> • ≤ 17 years of age. • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist). • Physically disabled. • Currently abusing alcohol or other drugs.
4	4	6	4	5	903	<u>FOSTER CARE</u> Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has entered the foster care system during the previous six months or moved from one foster care home to another foster care home during the previous six months.
1	1	6	1	3	904*	<u>SECONDHAND SMOKE EXPOSURE</u> Exposure to smoke from tobacco products inside the home.

* Computer generated code.

° Both CPA and computer generated code.

Referral required for High-Risk code.